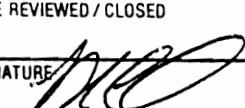


EXHIBIT 13

DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION, CASE CLEARANCES, INITIAL ARREST ON THE COMPLETED DATE, CRIME INCIDENT DATA, USE COMPLAINT FOLLOW-UP (J81) TO REPORT THE PRECEDING.

COMPLAINT - FOLLOW UP INFORMATIONAL												PAGE	OF	PAGE		
PD 313-081A (Rev. 4-89-31)												Pct.	OCCB No.	Complaint No.	Date of This Report	
HOMICIDE #2												043		2412	2/12/01	
Date of Orig. Report		Date Assigned		Case No.		Unit Reporting						Follow-Up No.				
2/12		2/12		624		43 PDS						PERP 1				
Complainant's Name - Last, First, M.I. PSNY FOR ACOSTA, ALBERT												Victim's Name - If Different				
Witness No.	Last Name, First, M.I.											Address, Include City, State, Zip			Apt. No.	
	Home Telephone			Business Telephone			Position / Relationship			Sex	Race	Date of Birth	Age			
Perpetrators	Total No. of Perpetrators	Wanted	Arrested	Weapon	Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)											
					<input type="checkbox"/> Used	<input type="checkbox"/> Possessed										
	Wanted		Arrested		Last Name, First, M.I.								Address, Include City, State, Zip		Apt. No.	Res. Pct.
	<input type="checkbox"/>		<input type="checkbox"/>													
	Sex		Race		Date of Birth		Age	Height	Fl	In	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.
	<input type="checkbox"/> Eyeglasses		<input type="checkbox"/> Sunglasses		Clothing Description.											
	Nickname, First Name, Alias		Scars, Marks, M.O., Etc.													
	(Continue In "Details")															
	Wanted		Arrested		Last Name, First, M.I.								Address, Include City, State, Zip		Apt. No.	Res. Pct.
	<input type="checkbox"/>		<input type="checkbox"/>													
Sex		Race		Date of Birth		Age	Height	Fl	In	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.	
<input type="checkbox"/> Eyeglasses		<input type="checkbox"/> Sunglasses		Clothing Description.												
Nickname, First Name, Alias		Scars, Marks, M.O., Etc.														
(Continue In "Details")																
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."																
Comp. Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)						
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		
Witness Interviewed		In Person		By Phone		Date		Time		Results: Same as Comp. Report - Different (Explain in Details)						
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>		
Canvass Conducted		If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results								Crime Scene Visited		If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained				
<input type="checkbox"/> Yes		<input type="checkbox"/> No								<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Complainant Viewed Photos												Results				
<input type="checkbox"/> Yes		<input type="checkbox"/> Refused		<input type="checkbox"/> Future												
Witness Viewed Photos												Results				
<input type="checkbox"/> Yes		<input type="checkbox"/> Refused		<input type="checkbox"/> Future												
Crime Scene Dusted		By (Enter Results in Details)								Crime Scene Photos		By (Enter Results in Details)				
<input type="checkbox"/> Yes		<input type="checkbox"/> No								<input type="checkbox"/> Yes		<input type="checkbox"/> No				
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:																
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted																
DETAILS:																
Investigate: HOMICIDE																
Subject: INTERVIEWED ANTHONY MANGANIELLO																
1. On February 12, 2001, at approx. 1210 hrs., Det Abate and the u/s interviewed Anthony Manganiello at the 43 Pct and he stated the following:																
* He stated he attended roll call and saw Albert Acosta. He then states the next time he saw Albert Acosta is when he was laying on the floor at 1700 Metropolitan Ave in the basement. The u/s asked him where was he when the call came in and he stated by the oval taking a personal. The u/s asked him if he had any problems with Albert Acosta or if anyone he knows has any problems with him and Anthony Manganiello would not answer. The u/s observed Anthony's right index finger with a bandaid and asked him how did he get his finger cut? He stated today lifting up his treadmill. The u/s asked him if he ran today and he stated no. The u/s asked him for his address and he did not know. The u/s asked him for his phone number and he replied it is unlisted.																
2. The interview stopped when his lawyer Richard A. Ross notified the 43 Pct not to have his client questioned.																
3. Case active.																
CASE <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED												DATE REVIEWED / CLOSED				
REPORTING OFFICER:		RANK		SIGNATURE		NAME PRINTED				TAX REG. NO.	COMMAND					
Det						Luis R. Agostini				889648	043					
REVIEWING / CLOSING		CASE		ENTER DESIGNATION		SIGNATURE										